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|---|------------------------|---------------------|
| <p align="center"><b>TRANSMITTAL<br/>FORM</b></p> <p align="center"><small>(to be used for all correspondence after initial filing)</small></p> | Application Number     | 10/580,151          |
|   | Filing Date            | May 18, 2006        |
|   | First Named Inventor   | Sven Henry Frandsen |
|   | Group Art Unit         | -                   |
|   | Examiner Name          | -                   |
|   | Attorney Docket Number | CM06621EC           |
| Total Number of Pages in this Submission  |                        | 2                   |

| ENCLOSURES   |  |  | (check all that apply) |
|--|--|--|------------------------|
| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/Declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Documents<br><br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts<br>Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-Related papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><br><input checked="" type="checkbox"/> <del>Power of Attorney, Revocation,<br/>Change of Correspondence Address</del><br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CDs _____ | <input type="checkbox"/> After Allowance Communication to a<br>Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter with appropriate copies<br><br><input type="checkbox"/> Other Enclosure(s) (please identify below) |                        |
| Remarks  |  |  |                        |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                     |                  |        |
|--|---------------------|------------------|--------|
| Firm or Individual                         | Barbara R. Doutre   | Registration No. | 39,505 |
| Signature                                  | /Barbara R. Doutre/ |                  |        |
| Date                                       | May 2, 2007         |                  |        |

| CERTIFICATE OF TRANSMISSION/MAILING  |  |      |  |
|--|--|------|--|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below: |  |      |  |
| Typed or printed name  |  |      |  |
| Signature  |  | Date |  |